

## **HAWAII STATE ETHICS COMMISSION**

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Web site: www.hawaii.gov/ethics

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## LOBBYIST REGISTRATION FORM STATE OF HAWAII (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Slovin	Gary	M	539-0834
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Slovin & Ito, LLP	539-0400		
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PART II ORGANIZATION	· · · · · · · · · · · · · · · · · · ·	
NAME OF ORGANIZATION YOU	TELEPHONE 703-684-1110 FAX 703-684-7912	
MultiState Associates on		
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515 King Street, Suite 300		EMAIL
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Alexandria	VA	22314
NAME OF PERSON RESPONSIBLE I	TELEPHONE	
Carrie E. Castro	703-684-111D	
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATION					
I hereby certify that the	e information fumished abov	e is, to the best of my know	ledge, correct and complete.		
		,	118/2013		
<i></i>	(Signature of Lobbyist)		(Date)		
PART V AUTHORIZATI	ON TO LODBY				
NAME	ATION TO LOBBY  TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Paul W. Hallman	V. Hallman President, MultiState Associates, Inc.				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
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Alexandria	VA		22314		
I hereby authorize the above hamed person to engage in lobbying activities on behalf of the undersigned.					
16/09/11/12					
(Signature of Authorizing Officer or Person Represented) (Date)					

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